St Andrew's HEALTHCARE

	CHARITY NO: 1104951 COMPANY NO: 5176998 BOARD OF DIRECTORS – PART ONE MEETING IN PUBLIC Tuesday 22nd November 2022 at 9.30 am Microsoft Teams and Conference Room, Main Building, Northampton, NN1 5DG				
		Purpose	**LEAD**	*Page No.*	*Timing*
1.	Welcome and Apologies	Information	Paul Burstow	*3*	*09.30*
Administration					
2.	Declarations of Interest	Information	Paul Burstow	*4*	*09.31*
3.	Minutes from the Board of Directors Meeting in Public on 29 September 2022	Decision	Paul Burstow	✓ *5-13*	*09.32*
4.	Action Log and Matters Arising	Information & Decision	Paul Burstow	✓ *14-17*	*09.35*
Chair's Update					
5.	Chair Update	Information	Paul Burstow	*18*	*09.40*
Executive Update					
6.	CEO Report	Information	Dr Vivienne McVey	✓ *19-23*	*09.45*
Committee Assurance Reports					
7.	**Committee Updates**			*24-63*	*10.05*
	• Research Committee (14/11)	Assurance	Professor Stanton Newman	Verbal	
	• People Committee (10/11)	Assurance	Dawn Brodrick	✓	
	• Quality & Safety Committee (11/10)	Assurance	Steve Shrubb	✓	
	• Audit & Risk Committee (17/10), incorporating	Assurance	Elena Lokteva	✓	
	• Nomination & Remuneration Committee (07/11), incorporating: ○ Gender and Ethnicity Pay Reports	Assurance & Decision	Stuart Richmond-Watson	✓	
Quality					
8.	CQC Inspection, Report and Actions Update	Assurance	Andy Brogan	✓ *64-70*	*10.25*
9.	Safer Staffing Report	Assurance	Andy Brogan	✓ *71-75*	*10.35*

Matters Arising						
10.	National response to Panorama and mental health in patient services	Information	Dr Vivienne McVey	✓	*76-87*	*10.45*

Break 10.50 am to 11.00 am

Operations						
11.	Integrated Quality & Performance Report, incorporating: • Quality Scorecard • People Scorecard • Finance Overview • IT Security Overview	Assurance	Anna Williams, Kevin Mulhearn & John Clarke	✓	*88-96*	*11.00*
12.	Court, Board of Directors and Committee Calendar 2023-2024	Decision	Duncan Long	✓	*97-100*	*11.25*

Service and Patient Story						
13.	Divisional Presentation (including patient voice): Essex – co-production with Patients and Carers	Information	Dawn Chamberlain & Antony Miller (and patient)	✓	*101-118*	*11.30*

Any Other Business						
14.	Questions from the Public	Information	Paul Burstow		*119*	*11.55*
15.	Any Other Urgent Business (notified to the Chair prior to the meeting)	Information	Paul Burstow		*120*	
16.	What would our patients and staff think about our discussions today?	Information	Paul Burstow		*121*	
17.	Date of Next Meeting – Tuesday 24th January 2023	Information	Paul Burstow		*122*	

Meeting Closes at 12.00 pm

Annexes - Items for information only	**Lead**			
Annex A – Governance Oversight Group update	Dr Vivienne McVey	✓	*123-124*	

St Andrew's Healthcare Integrated Quality Performance Report

reviewing the period ending September 2022 for Quality & People, ending October 2022 for Finance & IT

Statistical Process Control (SPC) rule trigger icons.   Hover over icon for more info

Concerns   Improvements   In Control

Trend lines are shown for KPIs with data volume too low for statistical significance

Concerns   Improvements

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Quality

-	Incident	Violence	Incident L1	Incident L2	Incident L3	SI	Restraint	Seclusion	Seclusion Hours	LTS	LTS Days	Rapid Tranq	ES Episodes	ES WTE
ASD & LD														
Birmingham														
CAMHS														
Community Services														
Essex														
Low Secure & Specialist Rehab														
Medium Secure														
Neuro														

Discharges – during September (excluding PICUs) 25 people moved on from St Andrew's. The majority, 84%, transitioning to a lower level of security, including a third returning to their usual residence.

Lower Security - destination distribution
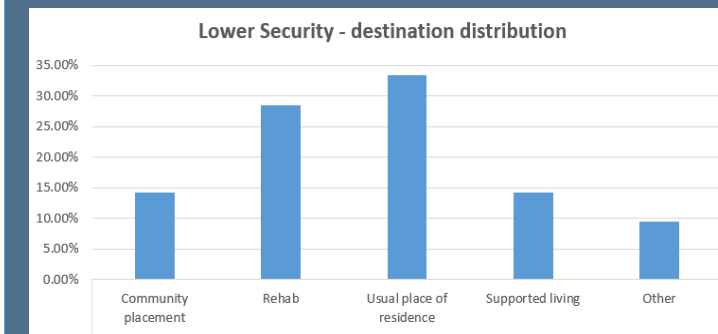
PICUs transitioned a further 16 people in the month.

Division	Wards	SPC Concern	SPC Improvement	SPC Common Cause
ASD & LD	13	6 %	9 %	29 %
Birmingham	7	0 %	0 %	15 %
CAMHS	4	13 %	8 %	18 %
Community Services	2	3 %	0 %	20 %
Essex	6	0 %	1 %	24 %
Low Secure & Specialist Rehab	10	1 %	7 %	15 %
Medium Secure	12	4 %	3 %	22 %
Neuro	12	2 %	10 %	22 %
Totals	**66**	**3 %**	**6 %**	**21 %**

When aggregated, ward level SPC concerns and common cause variations are static with a 1% point increase in improvements. The remaining % is metrics with little or no data or trends with too little data for statistical significance

Exceptions –19 improvements with continued clusters in LSSR (6) and Neuro (5). 5 concerns – performance & governance processes confirm clinically appropriate management:
- **ASDLD** – consistent LTS concern, due to inappropriately placed patients (a Charity-wide challenge). All independent external reviews completed. Every effort made to secure suitable next placement.
- **CAMHS** – rapid plan complete, sustainability of improvements now the focus. Noting OBD measures are inherently less useful for small patient numbers - violence levels on Seacole remain high, chiefly associated with one patient, all low or no harm. There is a corresponding restraint concern at ward level due to care planned intervention to minimise self injury. LTS levels are static.
- **COMM SERV** – two new patients admitted across the summer, both requiring enhanced support.

The following wards are receiving focus within their division; Meadow, Church, Moor Green and Allitsen. Rose & Fairbairn are being supported by the quality team. The proposed process for supporting wards of concern will further strengthen clinical management, patient care and experience.
October exceptions sightline – increased SPC triggers for ASDLD & CAMHS are explained by the needs of new patients and are expected to reduce as they stabilise.

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My Voice – Good or very good response reduced marginally from 78% to 75%, the rate of response remains below the desired level, with work on going to address.

People

Measure	Voluntary Turnover In Year		Voluntary Turnover In Month		RN Establishment Ratio		HCA Establishment Ratio		Mandatory Training		Agency Spend		Sickness % In Month		Non-Patient Facing Shifts	
Target	12%		1%		95%		95%		90%		5%		6%		25%	
	Sept	Trend	Sept	Trend	Sept	Trend	Sept	Trend	Sept	Trend	Sept	Trend	Sept	Trend	Sept	Trend
St Andrews	15.2%	↓	1.7%	↑					88.2%	↓			5.9%	↓		
Functions	11.7%	↓	1.4%	↑					90.5%	↓			4.1%	↓		
Divisions	17.0%	↑	1.8%	↑	82.8%	↓	77.9%	↑	87.6%	↓	4.4%	↑	6.8%	↓	39.2%	↓

Divisional RAG grid (colour / trend):

Division	VT Year		VT Month		RN Est.		HCA Est.		Mand. Training		Agency Spend		Sickness		Non-Patient Facing	
ASD & LD	R	↓	R	↓	R	↓	R	↑	R	↓	R	↑	R	↓	R	↓
Birmingham	G	↑	R	↓	G	↓	R	↓	R	↑	R	↓	G	↓	G	↓
CAMHS	R	↓	G	↓	R	↑	R	↑	G	↑	R	↓	R	↓	R	↓
Community Partnerships	R	↑	R	↑	—		—		R	↓	—		G	↓	—	
Community Services	R	↑	R	↔	G	↓	R	↓	G	↓	R	↑	R	↑	—	
Essex	R	↓	R	↑	R	↓	R	↓	R	↓	G	↑	R	↑	R	↑
Low Secure & Specialist Rehab	R	↑	R	↓	R	↑	R	↑	R	↓	R	↑	G	↓	R	↓
Medium Secure	R	↑	R	↑	R	↓	R	↓	R	↓	R	↑	R	↑	G	↓
Neuro	R	↑	R	↑	R	↓	G	↑	R	↓	G	↑	R	↓	R	↓

Charity Level – All Roles (Waterfall)

Category	Value
1 - Starting Headcount	3091
2 - Joiners	88
4 - Transfers In From WC	12
5 - Vol Leavers Exc WC Transfers	-49
7 - Transfers Out To WC	-10
8 - Invol Leavers	-9
9 - Closing Headcount	3132

Waterfall – nominal month on month net growth, with a small increase in HCAs plus international nurses in training joining.
People and D&I plans - approved at the November People Committee

Voluntary turnover – stabilising staffing is an Executive priority. October cost of living support and pay rises were received positively. New retention framework shared with November People Committee.
RN & HCA establishment – the current establishment level, plus above model non-patient facing shifts and suboptimal WorkChoice and agency uptake, results in a challenging nursing staffing position. Further challenged by wider MDT establishment standing at 81%. Reinforcing the focus on retention.
Mandatory training – challenging ward staffing levels continue to hinder divisional training completion. Slight improvement for BLS (71%) & Safeguarding level 3 (89%). SIT (previously MAPA) returned a negative trend. Remedial training plan to achieve compliance efficiently is being finalised.
Agency Spend – increasingly competitive market, adjustments have been made in order to increase bookings from October to support key vacancies.
Sickness – sickness has reduced in line with expectation due to reduced Covid in the population.
Non-Patient facing shifts – small improvement correlates with season annual leave. Improved management of discretionary leave introduced. Allocate implemented 12th Sept – optimisation of use and of reporting visibility to manage use is progressing.

*improvements in people data quality and presentation have been impacted by Allocate transition and have been given a high priority following go live. *trend is to the prior reporting period

Financial Performance 2022/23

October 2022 Actual Performance v Budget

- **Net deficit £4.8m - £1.3m higher than budget. Operating Deficit £0.2m better than budget**
- Occupancy is slightly behind plan (mainly due to external factors and self-imposed admissions to the CAHMS Division) **with 97% achievement of budgeted income**.
- **Offset by positive movement in costs of £2.5m** (£2.3m Operational & £0.2m Overheads)
- Exceptional Costs include **unbudgeted £1.55m one off cost of living support payment** to staff in October 2022.
- YTD reduction in Investment Portfolio valuation (£0.9m) was offset by lower project costs YTD (£0.9m).
- At October 2022 cash held was £5.5m (**£1.2m more than budget**) and no covenant risk existed

Full Year Outlook Performance v Budget

- Occupancy growth, controlling ward staffing costs inline with budget, inflation/cost of living pressures and reduction in investment portfolio valuation (linked to stock markets) remain the main risks to achieving the 2022/23 budget.
- Cash and covenants are expected to track in line with budget.
- Full Year Forecast to be presented within Private Board Reports

Financial Performance - £m	October 22 YTD			Full Year
	Actual	Budget	Variance	Budget
Income	98.53	101.19	(2.65)	176.08
Direct & Indirect Costs	(73.45)	(75.79)	2.34	(130.41)
Net Contribution	**25.08**	**25.39**	**(0.31)**	**45.67**
Enabling Services	(18.85)	(19.04)	0.19	(31.88)
Depreciation	(6.44)	(6.74)	0.30	(11.26)
Operating Surplus/(Deficit)	**(0.21)**	**(0.39)**	**0.19**	**2.53**
Non Operating Costs	(0.29)	(0.23)	(0.06)	(0.37)
Exceptional Costs	(2.26)	(0.71)	(1.55)	(1.00)
Disposal of Fixed Assets & Impairment	0.01	(0.10)	0.11	(0.25)
Project Costs - OPEX	(1.02)	(1.96)	0.94	(3.33)
Investment Gains/Losses	(0.94)	0.00	(0.94)	0.00
Net Surplus/(Deficit)	**(4.71)**	**(3.39)**	**(1.31)**	**(2.42)**

Balance Sheet & Cashflow

St Andrew's Consolidated Balance Sheet	Mar-22 Audited	Jun-22 Actual	Sep-22 Actual	Oct-22 Actual
	£M	£M	£M	£M
Intangible and tangible fixed assets	196.6	193.9	191.9	191.0
Investments				
Stock Market Investments	11.6	11.7	11.7	10.8
Investment Properties	5.7	5.7	5.7	5.7
Current Assets				
Stock	0.4	0.5	0.5	0.5
Trade debtors	8.2	9.4	10.0	10.2
Other Debtors & Accrued Income	4.1	4.4	4.6	4.8
Prepayments	1.8	1.2	1.0	1.1
Cash	6.0	5.1	6.0	5.5
	20.5	**20.6**	**22.1**	**22.2**
Current Liabilities				
Trade Creditors	(3.3)	(3.7)	(3.1)	(3.5)
Taxation and Social Security	(2.8)	(3.3)	(2.8)	(3.6)
Other Creditors & Accruals	(8.3)	(8.3)	(8.6)	(8.9)
Staff Accruals	(4.4)	(3.5)	(3.6)	(3.7)
Deferred Income	(2.5)	(2.3)	(2.9)	(1.8)
	(21.4)	**(21.0)**	**(21.0)**	**(21.3)**
Net Current Assets/(Liabilities)	**(0.8)**	**(0.4)**	**1.1**	**0.9**
Total Assets Less Current Liabilities	**213.1**	**210.9**	**210.4**	**208.4**
Bank Loans (between 1 and 5 years)	(20.0)	(20.0)	(20.0)	(20.0)
Pension Scheme Liability	(0.7)	(0.7)	(0.7)	(0.7)
Total Assets Employed	**192.4**	**190.2**	**189.7**	**187.7**
Reserves	**192.4**	**190.2**	**189.7**	**187.7**

Cashflow Summary - £m	October 22 YTD Actual	October 22 YTD Budget	October 22 YTD Variance	Full Year Budget
Net Surplus/(Deficit)	(4.7)	(3.4)	(1.3)	(2.4)
Add Back Non Cash Items				
Depreciation	6.4	6.7	(0.3)	11.3
Fixed Asset Impairment/(Profit on Disposal)	0.0	0.1	(0.1)	0.3
Investment Portfolio Valuation Movement	0.9	0.0	0.9	0.0
Net inflow/(outflow) from Operations	**2.6**	**3.4**	**(0.9)**	**9.1**
Total inflow/(outflow) - Working Capital	(2.2)	(1.1)	(1.1)	(0.4)
Total inflow/(outflow) - Capital Expenditure	(0.9)	(4.2)	3.2	(5.9)
Total inflow/(outflow) - Asset Disposal	0.0	0.6	(0.6)	0.6
Total inflow/(outflow) - Investment Portfolio	0.0	0.0	0.0	0.0
Total inflow/(outflow) - Loan Facility	0.0	(0.5)	0.5	(5.5)
Net Cash (Outflows) / Inflow	**(0.5)**	**(1.7)**	**1.2**	**(2.1)**
Cash at the 31.3.2022	**6.0**	**6.0**	**0.0**	**6.0**
Total Cashflow Movement	(0.5)	(1.7)	1.2	(2.1)
Cash at the end of the period	**5.5**	**4.3**	**1.2**	**3.9**

Net Debt - £m	October 22 YTD Actual	October 22 YTD Budget	October 22 YTD Variance	Full Year Budget
Cash Held	5.5	4.3	1.2	3.9
Bank Loan Balance	(20.0)	(20.0)	0.0	(20.0)
Investment Balance	10.8	11.6	(0.8)	11.6
Net Debt	**(3.8)**	**(4.1)**	**0.3**	**(4.5)**
Credit Facility	27.0	27.0	0.0	27.0
Credit Facility Headroom	7.0	7.0	0.0	7.0

CAPEX & Working Capital movement are timing variations compared to budget assumptions & not an area of concern.

Occupancy

Inpatient Bed Occupancy

- Budget Avg Occupancy
- Budget Avg Available Beds
- Actual Avg Occupancy Funded
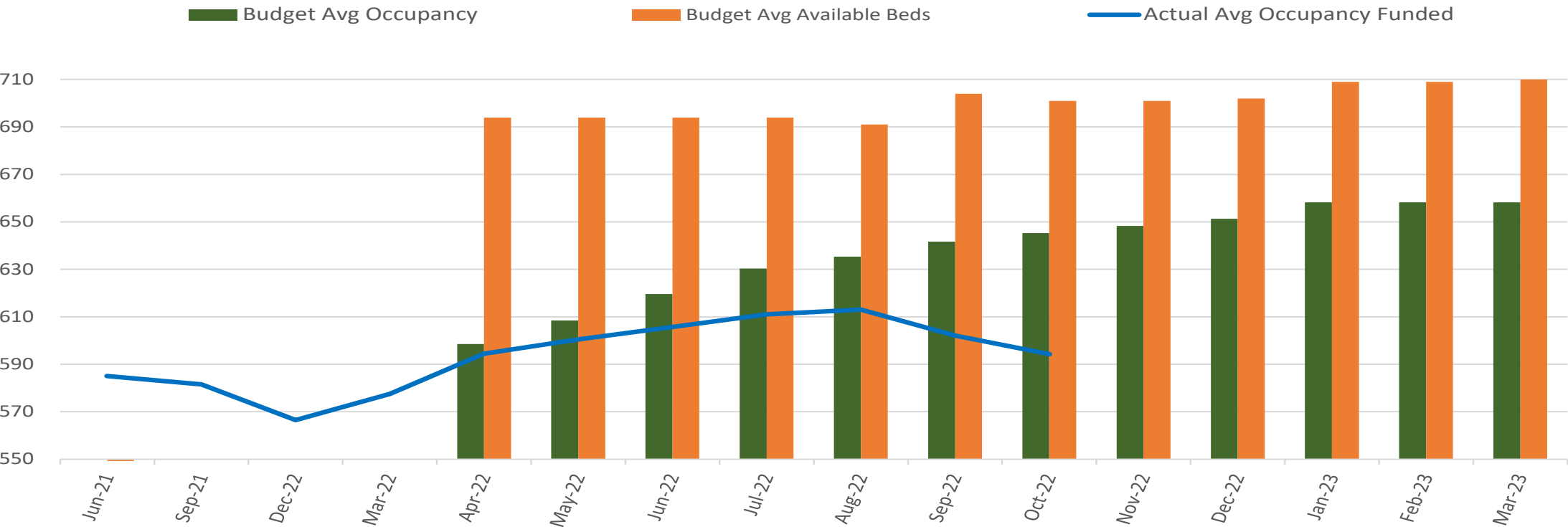
	Jun-21	Sep-21	Dec-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Budget Avg Available Beds	-				694	694	694	694	691	704	701	701	702	709	709	710
Budget Avg Occupancy					599	608	620	630	635	642	645	648	651	658	658	658
Actual Avg Occupancy Funded	585	582	566	577	594	600	606	611	613	602	594					
Actual % Achievement					99%	99%	98%	97%	97%	95%	93%					
Budget Avg Occupancy of Available					86%	88%	89%	91%	92%	91%	92%	92%	93%	93%	93%	93%

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IT Security Metrics (Aug – Oct 2022)

	AUG	SEP	OCT	RAG Rating	October	
					Causal	Remediation
Vulnerabilities not fixed within SLA — Highlights the amount of infrastructure vulnerabilities that haven't been fixed within the agreed timescales	0	0	1	🟩	**Causal Analysis**: Vulnerabilities are actively tracked to ensure compliance, any breaches in terms of SLA's are either presented for risk acceptance or dispensated to investigate a fix.	**Remedial Actions**: IT Security and Advanced will continue to monitor and track SLA breaches and raise any Non-Conformances if required.
Overdue Penetration Test Remediation — The last Pen test for the Charity was in July 2021. This highlights how many findings are overdue.	0	0	0	🟩	**Causal Analysis**: The network segregation penetration test is booked for 14th-16th November with Bulletproof.	**Remedial Actions**: None
Security Incidents — Trend of Priority 1, Priority 2 and Priority 3 incidents	P1 0 / P2 2 / P3 3	P1 0 / P2 1 / P3 2	P1 0 / P2 0 / P3 5	🟩	**Causal Analysis**: All incidents are relating to phishing and have been contained and responded to followed our internal incident response procedures.	**Remedial Actions**: IT Security are reviewing the current phishing awareness methods as a multi-pronged approach is required. 1:1 conversations with staff who click on links have been implemented to provide more targeted awareness as well.
Blocked Network Attacks — These are blocked network attacks directed at our external network edge	33724	109776	81420	🟧	**Causal Analysis**: We are constantly being port scanned and probed by external threat actors. High risk IPs are automatically dropped and blocked at the firewall. This trend is seen globally and follows NCSC and NSA trend analysis due to present conflicts.	**Remedial Actions**: Enhanced monitoring owing to the ongoing war in Ukraine and the increased cyber risk to the west.
Overdue IT Sec Audit Actions — Number audit actions and their rating from scheduled internal and external audits.	2	2	0	🟩	**Causal Analysis**: The 2 actions with Physical Security have now been updated and resolved.	**Remedial Actions**: Actions were escalated to Head of Soft FM. They have both since been resolved.
Outstanding Operating System Patches — % of devices patched across the infrastructure. Separated into server and endpoint estate	Servers = 89.96% / Client = 94.08%	Servers = 89.58% / Client = 95.48%	Servers = 89.13% / Client = 93.878%	🟧	**Causal Analysis**: An Overall percentage - an average tolerance of 16% each month is expected as ~300 devices take longer to check in & update during the 4-week patching window (holiday, sickness, network speed, etc). A small amount of servers did not auto patch to 100%.	**Remedial Actions**: The team are working through the non-patched to ensure they are fixed and up to date.
Anti-Malware Installation Compliance — % of machines on the network that have anti-malware protection installed and enabled	97%	97%	95%	🟧	**Causal Analysis**: Numbers are down due to the current trial on the new Senson product.	**Remedial Actions**: The team will continue to monitor and report on AV. As Senson comes out of trial and implemented it will be inline with other operational systems such as the requirement for McAfee Endpoint.
Blocked Attacks on Staff Accounts — Attempted logins from malicious actors to staff accounts. These aren't successful and are flagged by our SIEM tool	97	199	36	🟩	**Causal Analysis**: Number of attempts has decreased back down to average. All attempts were unsuccessful and typically target clinical staff members.	**Remedial Actions**: IT Security continues to monitor all external access. New proactive AI based scanning and reporting is being trialled to stop false positive (SenseOn).
Security Awareness — % of applicable staff who have completed their e-learning module on cyber security & information governance	88%	87%	85%	🟧	**Causal Analysis**: L&D are seeing challenges in staff booking and being released to attend training with the current staffing challenges. Not at the required level of 90% for the Data Security & Protection Toolkit.	**Remedial Actions**: All staff who are out of date with any of these areas prioritise completion of this e-learning. Managers to check via SAP to ascertain who in their times has outstanding e-learning and enable them to complete.

Paper for Board of Directors

Topic	Court, Board of Directors and Committee Calendar 2023-2024
Date of Meeting	Tuesday, 22 November 2022
Agenda Item	**12**
Author	Duncan Long, Company Secretary
Responsible Executive	Paul Burstow, Charity Chair
Discussed at Previous Board Meeting	Annual Paper, discussed at previous Boards
Patient and Carer Involvement	Not appropriate in this instance
Staff Involvement	Discussed with responsible executives and senior management, as well as Committee Chairs and Executive Assistants
Report Purpose	Review and comment ☒ Information ☐ Decision or Approval ☒ Assurance ☐
Key Lines Of Enquiry:	S ☐ E ☐ C ☐ R ☐ W ☒
Strategic Priority Area	Education and Training ☒ Finance & Sustainability ☒ Service Innovation ☒ Quality ☒ Research & Innovation ☒ Workforce, Resilience & Agility ☒ Partnerships & Promotion ☒
Committee meetings where this item has been considered	Not applicable

Report Summary and Key Points to Note:

The attached committee calendar (appendix 1) covers the period of April 2023 to March 2024 and proposes dates to schedule the following meetings:

- Court of Governors
- Board of Directors & Board of Directors Strategy/Development days
- Nomination and Remuneration Committee
- Finance Committee
- Audit and Risk Committee
- Quality and Safety Committee
- People Committee
- Research Committee

- Pension Trustees
- Investment Committee

The proposed dates have been scheduled following discussions with the Committee Chairs, Executive Assistants and responsible executives and senior management. Some follow the existing frequency and scheduling and align with the committees current annual work plans. As done previously, a number of additional (albeit brief) meetings have been scheduled to account for reporting requirements that have historically fallen outside of the agreed meeting frequencies and previous schedules. Points to note:

Court of Governors

- Continue on a four times per year basis and scheduled (where possible) to align with Board of Directors meetings.
- As done previously, two of the Court meetings have been lengthened to accommodate joint development days with the Board of Directors.
- AGM is scheduled in-line with planned reporting for 2022-2023 financial year and in accordance with the Articles of Association.

Board of Directors

- Continue on a bi-monthly basis, primarily within the last week of the appropriate month
- Additional focussed meeting for Quality Account approval, in-line with expected production timeline and required submission date.
- Additional meeting for final sign off of Annual Reports aligned with November Board Strategy Day (if needed and not delegated to ARC)
- Joint Court and Board development days scheduled, in addition to development sessions incorporated into main agendas where feasible and appropriate.

Nomination & Remuneration Committee

- Continues on a bi-monthly basis and scheduled in-line with agreed annual work plan and current timetable.

Finance Committee

- Scheduled in-line with proposed fiscal reporting, accounting for budget, forecast and year end processes. Continue as four times per year.

People Committee

- Continues on a quarterly basis and scheduled in-line with in-line with agreed annual work plan and current timetable.

Research Committee

- Continues on a quarterly basis and scheduled in-line with current timetable.

Audit & Risk Committee

- Continue on a quarterly basis and scheduled in-line with agreed ARC work plan and proposed fiscal reporting. Aligns with annual report review and approval.
- Additional Annual Report Page Turning session scheduled as done in prior years.

Quality & Safety Committee

- Continue on a bi-monthly basis and scheduled in-line with current agreed QSC work plan. Aligns with Quality Account report review and approval.

Pension Trustees & Investment Committee

- Further scheduling is being worked on to better align these meetings to investment reports and financial reporting timelines. Currently proposing a range of likely dates that fall within required timelines for receiving information.

The proposed schedule is based on the current committee structure, committee work plans and reporting requirements and may require further reviewing and rescheduling as progress is made on the Governance Project. With this in mind, any revisions or additions to the structure and therefore the calendar are likely to be implemented from April 2023 onwards, at which point a revised Calendar will be brought to Board. Once the calendar is approved, meeting invites will be updated to accommodate the new meetings and timings.

The Board of Directors is asked to consider the proposed meeting calendar for 2023 & 2024 and if in agreement, approve it.

Appendices -
Appendix 1 – Court, Board and Committee Meeting Calendar up to March 2024

Court of Governors, Board of Directors and Sub-Committee Dates April 2023 – March 2024

Month	Court of Governors	Board of Directors	Board Strategy / Development Day	Nomination and Remuneration Committee	Finance Committee	Audit & Risk Committee	Quality and Safety Committee	People Committee	Research Committee	Pension Trustees	Investment Committee
April 2023			4 April 2023 9.30 am – 3.30 pm NHS Providers #5 (Via Zoom)			17 April 2023 9.00 am – 11.30 am (Via Microsoft Teams)	25 April 2023 9.30 am – 12.30 pm				
May 2023	19 May 2023 11.00 am – 3.00 pm (Includes Development session with BoD)	18 May 2023 Pt 1 9.30 am – 1.00 pm Pt 2 1.15 pm – 3.00 pm	19 May 2023 11.00 am – 3.00 pm (Joint session with CoG)	9 May 2023 9.00 am – 10.00 am (Via Microsoft Teams)			Quality Account - Page Turning session 25 May 2023 1.30 pm – 3.30 pm (Via Microsoft Teams)	11 May 2023 3.00 pm – 5.00 pm	3 May 2023 2.00 pm – 5.00 pm		TBC - 30 May to 6 June 2023
June 2023		08 June 2023 Quality Account Approval 9.30 am – 10.30 am (Via Microsoft Teams)					27 June 2023 9.30 am – 12.30 pm			TBC - 13 to 19 June 2023	
July 2023		21 July 2023 Pt 1 9.30 am – 1.00 pm Pt 2 1.15 pm – 3.00 pm	14 July 2023 9.30 am – 3.30 pm	11 July 2023 9.00 am – 10.00 am (Via Microsoft Teams)	19 July 2023 9.30 am – 11.30 am	10 July 2023 9.00 am – 11.30 am (Via Microsoft Teams)					
August 2023							22 August 2023 9.30 am – 12.30 pm	10 August 2023 3.00 pm – 5.00 pm	2 August 2023 2.00 pm – 5.00 pm-		TBC - 29 Aug to 4 September 2023
September 2023	29 September 2023 11.00 am – 2.00 pm	28 September 2023 Pt 1 9.30 am – 1.00 pm Pt 2 1.15 pm – 3.00 pm		12 September 2023 9.00 am – 10.00 am (Via Microsoft Teams)	19 September 2023 9.30 am – 11.30 am					TBC - 12 to 18 September 2023	
October 2023						02 October 2023 9.00 am – 11.00 am Annual Report Page Turning session (Via Microsoft Teams) 16 October 2023 9.00 am – 11.00 am	24 October 2023 9.30 am – 12.30 pm				
November 2023		03 November 2023 SAH & SAPML Accounts approval 9.00 am – 10.00 am 30 November 2023 Pt 1 9.30 am – 1.00 pm Pt 2 1.15 pm – 3.00 pm	3 November 2023 10.00 am – 3.30 pm	14 November 2023 9.00 am – 12.00 pm (Via Microsoft Teams)	17 November 2023 9.30 am – 11.30 am			09 November 2023 3.00 pm – 5.00 pm	1 November 2023 2.00 pm – 5.00 pm		TBC - 27 November to 1 December 2023
December 2023	1 December 2023 11.00 am – 2.00 pm AGM						19 December 2023 9.30 am – 12.30 pm			TBC - 11 to 15 December 2023	
January 2024		19 January 2024 Pt 1 9.30 am – 1.00 pm Pt 2 1.15 pm – 3.00 pm		9 January 2024 9.00 am – 10.00 am (Via Microsoft Teams)		9 January 2024 9.00 am – 11.00 am (Via Microsoft Teams)					
February 2024	23 February 2024 11.00 am – 3.00 pm (Includes Development session with BoD)		23 February 2023 11.00 am – 3.00 pm (Joint session with CoG)				27 February 2024 9.30 am – 12.30 pm	08 February 2024 3.00 pm – 5.00 pm	7 February 2024 2.00 pm – 5.00 pm		
March 2024		28 March 2024 Pt 1 9.30 am – 1.00 pm Pt 2 1.15 pm – 3.00 pm		12 March 2024 9.00 am – 12.00 pm (Via Microsoft Teams)	19 March 2024 9.30 am – 11.30 am						

Paper for Board of Directors	
Topic	Divisional Presentation: Essex "Climate change. Why, who and how"
Date of Meeting	Tuesday, 22 November 2022
Agenda Item	**13**
Author	Tris Bianconero
Responsible Executive	Dawn Chamberlain
Discussed at Previous Board Meeting	Not previously discussed
Patient and Carer Involvement	Tris is a strong advocate for recycling and has a keen interest in educating all about the effects of climate change as well as what can be done to slow this process down. He has embarked on making the Essex site greener and has written a presentation to share with both staff and his peers during their community meetings in order to inform and reform opinions on the matter,
Staff Involvement	Staff have supported Tris to be able to present this piece of work across the wards.
Report Purpose	Review and comment ☐ Information ☒ Decision or Approval ☐ Assurance ☐
Key Lines Of Enquiry:	S ☐ E ☐ C ☐ R ☐ W ☐
Strategic Priority Area	Education and Training ☒ Finance & Sustainability ☐ Service Innovation ☐ Quality ☐ Research & Innovation ☐ Workforce, Resilience & Agility ☐ Partnerships & Promotion ☐
Committee meetings where this item has been considered	

Climate Change

- why, who and how.

A 'Tris is awesome' production © 2022

"THE GREATEST THREAT TO OUR PLANET IS THE BELIEF THAT SOMEONE ELSE WILL SAVE IT."

Robert Swan

- Every year, environmental factors claim 13 million lives.

- 2010 – 2019 was the warmest decade on record.

- Over 90% of people breathe unhealthy levels of air pollution. Last year air pollution caused $2.9 trillion in health and economic costs ($8 billion every day)

- Climate changes causes greater risks from zoonotic diseases. Higher temperatures or greater rainfall alters the life cycles of pathogens and vectors.

- Since 2000, the number and duration of droughts has risen 29%

- Between 2015 and 2017 there were 77 major weather events. Human behaviour was behind 62 of them.
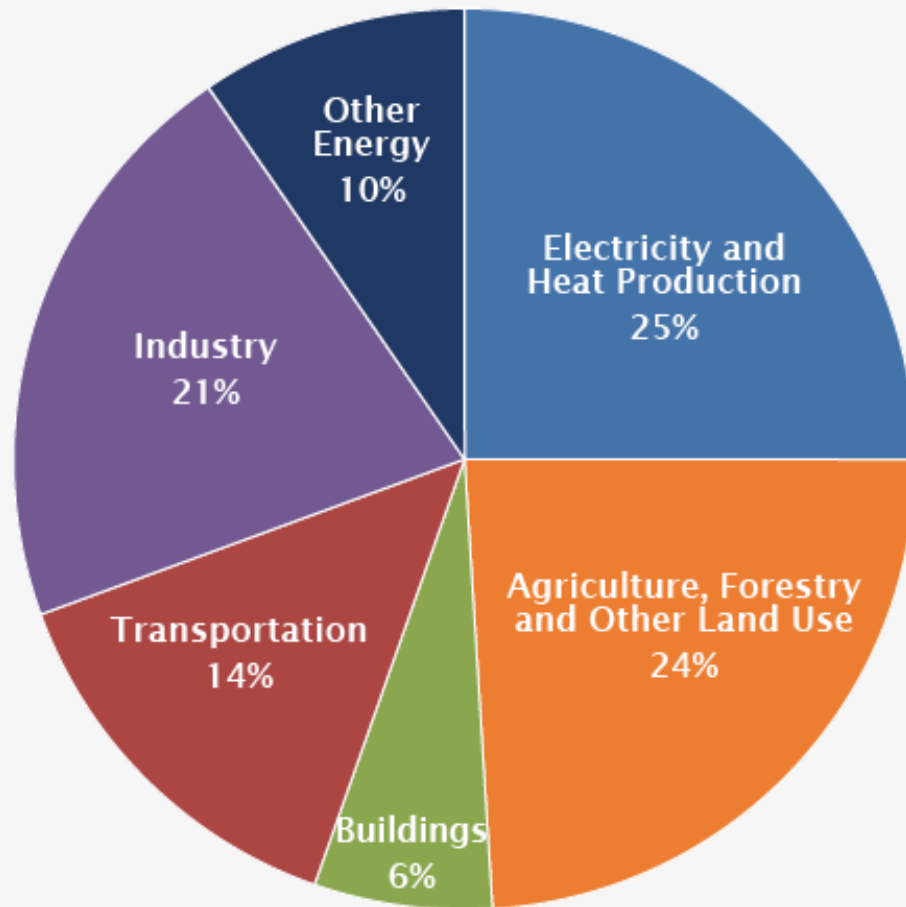
The average global temperature has risen **1.1** degrees C since the industrial age.

The Paris Agreement was signed by almost every country in 2015 to limit further warming to **1.5** degrees, but even *if* all the promises are kept, the temperature will still rise by another **2.5** degrees.

Global Greenhouse Gas Emissions by Economic Sector

Electricity and Heat Production
25%

Other Energy
10%

Industry
21%

Transportation
14%

Buildings
6%

Agriculture, Forestry and Other Land Use
24%

○ We collectively emit around 50 billion tonnes of CO_2e each year.

○TURN THE BLOODY LIGHTS OFF!

- Turn off stereo/tv when not in use

- Fill the washing machine

- Wash clothes at a lower temperature

- Turn down the heating

- Eat less red meat

- Reducing waste and recycling more…

- We can't recycle:

We can recycle:

EVERYTHING ELSE!
(almost)

Why don't we do enough?

What would help us do more?

HELP

How can we encourage others to do more?

What stops us from doing more?

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What could St Andrews do?

- What do other companies do?
- What innovations could be expanded?
- What could save energy?
- What would cut wastage?

There are no bad ideas

HEALTHCARE

You're either part of the solution or you're part of the problem.

Eldridge Cleaver

…and we all lived happily ever after.

Questions
from the
Public
(Paul Burstow - Verbal)

Any Other Urgent Business

(Paul Burstow - Verbal)

Meeting Reflections

"What would our patients and staff think about our discussions today?"

(Paul Burstow - Verbal)

Date of Next
Board Meeting in Public -

Tuesday 24th January
2023
9.30am
(Paul Burstow - Verbal)

Annex A
Governance Project Update
(Dr Vivienne McVey)

Governance & Risk Project
Board Update November 2022

St Andrew's HEALTHCARE

Project Headlines
- Terms of Reference are being re-drafted following full review and mapping to Matters Reserved and Authority Matrix, and then shared with Committee Chairs for feedback
- Project is now aligned with the Quality Strategy work surrounding clinical governance
- Following approval at Board, the Authority Matrix is now being socialised and embedded
- Reviews of templates and the Board Code of Conduct have been received back from the Oversight Group for follow-up and amendment
- Review of Skills Matrix has been undertaken in readiness for adoption in the New Year.

Timeline Summary & Milestones

The project remains on target for completion in July 2023, with the following milestones in the coming months:

- Revised Terms of Reference will be available for review by Oversight Group in matrix form by end of Q3 (December 2022)
- Revised Governance Structure Map to be ready for agreement by the end of Q4 (March 2023)
- Board Code of Conduct adoption Q1 2023/24
- New Templates to be ready for adoption Q1
- Skills Matrix format has been agreed and will roll out in conjunction with the annual declarations process Q1 2023/24

Other Information

- Project oversight and working group now consists of Vivienne McVey, CEO, Duncan Long, Company Secretary and Mel Duncan, Project Manager/Board Secretary.
- Attendance at all Committee meetings as observation undertaken by Mel Duncan
- Governor and Court workstream to begin in 2023

Risk Summary

Risk ID	Risk Title	Brief Risk Description	Initial Risk Ratings			Existing Controls	Current Risk Ratings			Current Risk Trajectory
			Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating	
April/001	Project Scope	The project scope may not be well defined or incomplete resulting in poor effectiveness and potential project failure	Moderate	Possible	High	Development of Project Initiation Document outlining full scope of project taking into account E&Y review, and additional Charity requirements. [PE]	Insignificant	Rare	Low	⟷
April/002	Priorities	Lack of control of staff or charity priorities or unanticipated events may lead to project disruption, delay or non-delivery	Moderate	Possible	High	Clear communication with GOG and key stakeholders in order to mitigate any potential adverse occurances [PE]	Minor	Possible	Medium	⟷
April/003	Communication	Lack of effective communication and oversight could result in lack of confidence in the project by the Board and the Charity	Moderate	Possible	High	Regular project reporting and 1:1 meetings with key stakeholders. Regular GOG meetings [E]	Minor	Possible	Medium	⟷
April/004	Dependencies	Key person dependencies being compromised may lead to project slippage	Major	Possible	High	1:1 meetings with stakeholders and GOG meetings in order to provide forum for discussion and mitigation if necessary [E]	Insignificant	Possible	Low	⟷
April/005	Project Resourcing	Insufficient resources and bandwith due to recruitment issues, lack of applicants, lack of experience or market forces could result in poor delivery of objectives and project slippage	Major	Possible	High	Regular communication with HR and Recruitment in order to ensure that effective resourcing is in place. [PE]	Minor	Possible	Medium	⟷
April/006	Sustainability	Failure to adopt the framework and sustain the principles across the Charity	Moderate	Possible	High	Embedding and monitoring phase of project will utilise effectiveness reviews and internal audit to ascertain progress and level of adoption and understanding [E]	Insignificant	Unlikely	Low	⟷
April/007	Timeline	Additional and unprecedented risks being identified thereby adversely affecting the length of the project	Moderate	Possible	High	Clear communication of potential slippage to stakeholders and GOG in order to mitigate as quickly as possible. [E]	Moderate	Unlikely	Medium	⬇

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